TIPE	PART B - FEE(S) TRANSMITTAL					0560.308/KPR/sj		
FEB 1 5 2005	this form, together with applicable fee(s), to: <u>Mail</u> or <u>Fax</u>				Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	r Patents inia 22313-1450		
INSTRUCTIONS This for appropriate. All further con indicated unless corrected maintenance fee notification	below or directed otherwise	smitting the ISSUE Patent, advance order in Block 1, by (a)	FEE and ers and not specifying	PUBLIC ification a new c	CATION FEE (if requi of maintenance fees we correspondence address;	red). Blocks 1 through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 46369 7590 11/19/2004 HESLIN ROTHENBERG FARLEY & MESITI P.C. 5 COLUMBIA CIRCLE ALBANY, NY 12203					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
					(Depositor's name)			
							(Signature) (Date)	
APPLICATION NO.	FILING DATE	FI	FIRST NAMED INVENTOR		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/583,784	05/31/2000	Marcos N. Novae			es	POU9-2000-0009-US1	4195	
TITLE OF INVENTION: N COMPUTING ENVIRONM	METHOD, SYSTEM AND MENT	PROGRAM PRODI	UCTS FOR	RECO		ures with a shared : -WITHIN	NOTHING DISTRIBUTED	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1370			\$0	\$1370	02/22/2005	
EXAMINER ART UNIT				C	LASS-SUBCLASS			
MAHMOUL	2165	707-202000						
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNED	an assignee is identified be 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON THe elow, no assignee da of this form is NOT	(1) the na or agents (2) the nar registered 2 registered listed, no recommendate will appear a substitute:	mes of a OR, alter me of a attorney ed patent name with the control of the contro	single firm (having as a y or agent) and the name attorneys or agents. If all be printed. or type) the patent. If an assigning an assignment.	member a es of up to no name is 3 & Me ee is identified below, the confirmation of th		
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5. Change in Entity Status a. Applicant claims SI The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	MALL ENTITY status. See) 37 CFR 1.27.	b. Applic	ant is no	o longer claiming SMAI	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
Authorized Signature	Kein P. Rad	iga	THEE.	-	Date No	2.		
Typed or printed name	Kovin P Radio	U Foo			Pagistration	No. 21 790		

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